

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-007

2. STATE
IDAHO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
07-01-2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 (\$ 00.00) FFP cost
b. FFY 2004 (\$ 00.00) FFP cost

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A Program Description, #10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1.A. Program Description, #10

10. SUBJECT OF AMENDMENT:

#10. This amendment removes the restriction that adults must be in need of emergency dental services or be considered a high risk client to be covered under our Medicaid dental program.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

Approved: 09/15/03
Effective: 07/01/03

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Karl B. Kurtz

13. TYPED NAME:

KARL B. KURTZ

14. TITLE:

Director

15. DATE SUBMITTED: June 25, 2003

16. RETURN TO:

Randy May, Interim Administrator
Idaho Department of Health and Welfare
Division of Medicaid
PO Box 83720
Boise ID 83720-0036

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUN 27 2003

18. DATE APPROVED: SEP 15 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Karen S. O'Connor

22. TITLE: Associate Regional Administrator
Division of Medicaid &
Children's Health

23. REMARKS:

POSTMARK: 6/26/03 Boise

9. d. (v) The medical necessity for diabetic education and training are evidenced by the following:
- (a) a recent diagnosis of diabetes within ninety (90) days or enrollment with no history of prior diabetic education; or,
 - (b) uncontrolled diabetes manifested by two or more fasting blood sugar of greater than one hundred forty milligrams per decaliter (140 mg/dL), hemoglobin greater than eight percent (8%), or random blood sugar greater than one hundred eighty milligrams per decaliter (180 mg/dL), in addition to manifestations, or
 - (c) recent manifestations resulting from poor diabetes control including neuropathy, retinopathy, recurrent hypoglycemia, repeated infections, or non-healing wounds.
- (vi) Diabetes education and training services will be limited to twenty-four (24) hours of group sessions and twelve (12) hours of individual counseling every five (5) calendar years.
10. Dental Services: Dental services for persons who are past the month of their twenty-first (21st) birthday and without eligibility restrictions include preventative, restorative, and denturist services. Covered adult dental services are listed in Rules Governing Medical Assistance Sections 913 through 916

Dental services for women on the Pregnant Women and Children (PWC) Program are listed in Rules Governing Medical Assistance Section 912.

Dental Services Limitations: All covered dental services, limitations on specific services, excluded services, billing codes and payment policies are stated in the Rules Governing Medical Assistance 16.03.09 sections 900 through 916. A dental consultant will review requests for prior authorization, with accompanying documentation, to determine approval or denial. Procedures not recognized by the American Dental Association are not covered.

TN# 03-007
Approval Date SEP 15 2003
Supersedes TN# 03-006
Effective Date 07-01-03